

ATTACHMENT A

SAMPLE LTD ELIGIBILITY NOTICE

STATE OF CALIFORNIA

M E M O R A N D U M

To: (Your Employee) **Date:** (Issue Date)

From: (Employee's Personnel Office)

Subject: Voluntary Long Term Disability Insurance
60-Day Enrollment Eligibility Notice

Eligibility Begins: **(Date Par is Keyed In)**

Eligibility Expires: **(60 days from date Keyed In)**

According to our records, you have recently been appointed as an **Excluded** employee who is eligible to enroll in the State's Voluntary Long Term Disability (LTD) Insurance Program. Your 60-day enrollment eligibility period is stated above.

IMPORTANT - LONG TERM DISABILITY INFORMATION

LTD is a voluntary program, which may provide up to either 55 percent or 65 percent of income replacement, depending on plan selected, after the first six months of disability. Premiums are paid by the employee through payroll deduction. **ONLY EXCLUDED, PERMANENT EMPLOYEES WITH A TIME BASE OF ONE-HALF TIME OR MORE MAY ENROLL IN THE PROGRAM.** You must be actively at work and eligible on the effective date for enrollment to be valid.

Please review the attached group LTD insurance brochure.

If you wish to enroll, you may obtain the LTD enrollment authorization form **(SI7533D-643146)** from **(Employee's Personnel Office)** at your Department. The enrollment form must be completed and returned to **(Employee's Personnel Office)** by the expiration date stated above.